



FIRE DEPARTMENT

APF	PLICATION FOR F	PLAN REVIEW
Review Log #:		
Date Submitted:		Date Completed:
The state of the s	Auto Sprinkler System	☐ Underground Fire Line ☐ Fire Alarm System ☐ Other (Please describe):
Name of Project/Business:		
Description of Project:		
APPLICANT FOR REVIEW:		
Company:		Contact:
Address:		City/State/Zip:
Telephone:	Fax:	Other:
FOR OFFICE USE ONLY:		
Permitted/Approved:		Total Hours:
		YABLE AT PICK UP. IL FEES ARE PAID IN FULL!
Underground Fire		Fire Alarm Hood Systems Other Total Fees
PAID	Check	Cash
Receipt #		